

FILED MAY 25 1944  
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5520-a Wells Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 9-months  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Edward R. Holtgreve

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S 0  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Mar 510 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 2 6 ..hr. min

9. Birthplace Jeffersburg Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name George Holtgreve  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilhelmina Rolf  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Augusta Hawk  
(b) Address 5520-a Wells Ave-St. Louis, Mo

17. (a) Burial (b) Date thereof 5-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeffersburg Cemetery

18. (a) Signature of funeral director Blumstein Bros

(b) Address 2504-Woodson Rd-Overland

19. (a) MAY 18 1944 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1775  
(If outside city or town limits, write "RURAL") 9 6  
(d) Street No. 5520-a Wells Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1944 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 13th  
1944 to May 16 1944  
that I last saw him alive on May 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia  
(Chronic nephritis) Duration

Due to Chronic nephritis

Due to 131

Other conditions 131  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work?..... (e) Means of injury.....

23. Signature ASD Connor (M. D. or other) 0  
Address 1316 A. N. Grand Date signed 5-18-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address.....

*Overland Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**